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SECNAVINST 6600.5A
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SECNAV INSTRUCTION 6600.5A

From: Secretary of the Navy
To: All Ships and Stations

Subj: DENTAL HEALTH AND READINESS

Ref: (a) ASD(HA) Policy Memo 02-011 of 4 Jun 2002
(b) BUMED ltr MED-622/5U006332 of 21 Feb 95 (NOTAL)
(c) MANMED Chapter 6, articles 6-99 and 6-102A
(d) BUMEDINST 6320.82
(e) ASD(HA) Policy Memo 98-021 of 19 Feb 1998
(f) 10 USC 1076a
(g) OPNAVINST 1751.1A
(h) 10 USC 1076c
(i) ASD(HA) Medical Program Guidance FY 2003-2007 of
10 Sep 2001 (NOTAL)

1. Purpose. To revise the Department of the Navy (DON) Dental Health Care Program that:

- a. Promotes individual and unit dental health.
- b. Defines unit dental readiness standards that are consistent with sustained operational commitments.
- c. Identifies dental benefits available to:
 - (1) Family members of active duty members.
 - (2) Retired personnel and their family members.
 - (3) Selected Reserve, Guard, and their family members.

2. Cancellation. SECNAVINST 6600.5.

3. Definitions

a. Dental Classification. Department of Defense (DOD) Policy on Standardization of Oral Health and Readiness Classification, reference (a), delineates the dental health status and urgency of care requirements as follows:

(1) Class 1 (Oral Health). Patients with a current dental examination, who do not require dental treatment or reevaluation. Class 1 patients are worldwide deployable.

(2) Class 2. Patients with a current dental examination, who require non-urgent dental treatment or dental reevaluation for oral conditions, which are unlikely to result in dental emergencies within 12 months. Class 2 patients are worldwide deployable.

(3) Class 3. Patients who require urgent or emergent dental treatment. Class 3 patients normally are not considered to be worldwide deployable.

(4) Class 4. Patients who require periodic dental examinations or patients with unknown dental classifications. Class 4 patients normally are not considered to be worldwide deployable.

b. Dental Health

(1) Individual Dental Health. A component of total health, where dental disease is eliminated or managed and the member has desirable function and appearance.

(2) Dental Health Index (DHI). Percentage of unit personnel who are dental class 1.

c. Dental Readiness

(1) Individual Dental Readiness. Member is dental class 1 or 2. An individual who is dental class 3 or 4 is considered at increased risk to experience a dental emergency and compromise unit combat effectiveness or ability to deploy.

(2) Unit Operational Dental Readiness (ODR). Percentage of unit personnel who are dental class 1 or 2.

d. ODR Report. This report is a measure of the unit's dental health and readiness. It provides at a minimum, the unit identification, date of report, servicing dental treatment facility (DTF), DTF contact information (e.g., telephone number, e-mail, and Web site), number of subject unit's personnel in each of the four dental classifications, and the unit's ODR and DHI.

4. Background. Military doctrine requires rapid response and periods of prolonged sustainment of deployed forces. Untreated oral disease may result in pain and infection that impairs

individual performance and unit operational effectiveness. ODR has been, and continues to be, an integral component of combat readiness.

5. Program. The DON's Dental Health Care Program is a systems approach to the delivery of dental care to eligible beneficiaries that includes:

a. Prioritization of treatment needs to ensure maximum force readiness as outlined in reference (b).

b. Prioritizing dental resources to meet dental health and readiness requirements of active duty personnel.

c. A comprehensive preventive dental health regimen, as outlined in references (c) and (d), that includes but is not limited to:

(1) Education of unit commanders, individual active duty, Reserves, and family members on the importance of attaining and maintaining dental health.

(2) Periodic oral examinations and risk assessment on an annual basis per reference (e).

(3) Timely and routine delivery of systemic and topical agents to promote resistance to oral diseases.

(4) Education and counseling to control and modify risk factors that predispose to oral diseases, especially cancer, dental decay, and periodontal disease.

d. Frequent monitoring of unit and individual dental health and readiness.

e. Recognition of the differences between beneficiaries' total dental health care, personal desire for oral health status, and military readiness requirements.

f. Research that enhances the dental health and readiness of the force and the delivery of care in Navy and Marine Corps environments.

g. Constant analysis of alternative delivery strategies and indicators of performance.

h. Dental health care benefit for members of the Selected Reserve as described in reference (f).

i. TRICARE Dental Program (TDP). A voluntary DOD-sponsored dental insurance plan, reference (g), for eligible family members of active duty personnel and for Guard and Selected Reserve and their eligible family members.

j. Dental health care benefit for military retirees and their family members as described in reference (h).

6. Policy

a. ODR shall be 100 percent for units deploying for extended periods of time per reference (e), and shall be at least 95 percent for all units per references (e) and (i).

b. Dental health should be promoted as a:

(1) Direct contributor to higher and more sustainable levels of dental readiness.

(2) Measure of service members' access to, and utilization of, their total health benefit.

c. Resources must be maximized to enable all personnel to obtain the care required to achieve and maintain dental health.

7. Action

a. Regional Line Commanders (RLC) shall:

(1) Promote and support the Dental Health Program.

(2) Determine priorities for care among units if dental assets are insufficient to attain total unit readiness requirements.

b. Commanding officers, officers in charge, or unit commanders shall:

(1) Ensure units are at or above 95 percent ODR, and units are at 100 percent ODR prior to extended deployment.

(2) Provide ODR reports for operational units to respective surface, air, submarine, and construction battalion force commanders quarterly.

(3) Strive to improve the dental health of unit personnel.

(4) Encourage utilization of DOD sponsored dental health programs by all eligible beneficiaries.

c. Dental commanding officers, officers in charge, dental department heads (afloat, naval hospital, and construction battalion), and authorized medical department representatives shall:

(1) Coordinate and prioritize resources to meet ODR and maximize dental health in their area of responsibility.

(2) Provide operational dental readiness reports to:

(a) The RLC or higher echelon as requested.

(b) Commanding officers, officers in charge, or unit commanders for whom they provide dental support, at least quarterly.

(3) Provide or make available subject matter expertise for all DOD sponsored dental health programs.

8. Report. The reporting requirement contained in paragraph 7c(2) is exempt from reports control by SECNAVINST 5214.2B.

Assistant Secretary of the Navy
(Manpower and Reserve Affairs)

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